

Coastal Drilling and Service Co

State Well Report

47

County: Winn
 Permit #: _____
 Driller: Z. Mason
 Date drilling completed: 9.15.04

Part 1
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: B-266
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Richard Brodie</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3950 Twin Lakes</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Yuleport</u>	<u>1/4</u> <u>1/4</u> Sec. <u>34</u> Twn <u>5S</u> Rng <u>12W</u>
City: _____ State: _____ Zip Code: <u>39500</u>	Distance: <u>7</u> Miles Direction: <u>W</u> of Nearest Town: <u>Amite</u>
Telephone No. () <u>669-4220</u>	

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 9.15.04 Date well drilling completed: 9.15.04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 9.15.04

Method of Measurement (circle one): steel tape electric tape air line other: Plumb

Hole depth: 340 Well depth: 330 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 330 feet to 340 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Dwight Mason 0-209 Dwight Mason
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: B-266
 Elevation: _____

County: Harrison
 Permit #: _____
 Driller: R Mason
 Date completed: 9-15-04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Richard Brodie</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>871240 Twin Lakes</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Sulphur</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code: <u>MS 39503</u>	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>55</u> Rng <u>12W</u>
Telephone No. <u>669-4220</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>West</u> <u>Jasper</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>9-15-04</u>	Setting Depth: <u>1</u> feet
Rated Pump Capacity: <u>23</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-15-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Plumb Bob</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>23</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Dwight Mason 0-209 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer